

SECU



USSION

3235-0123 OMB Number: Expires: January 31, 2007 Estimated average burden hours per response..... 12.00

OMB APPROVAL

SEC FILE NUMBER

8- 19988

ANNUAL AUDITED REPORT **FORM X-17A-5** PART III

FACING PAGE

Information Required of B Securities Exchang			
REPORT FOR THE PERIOD BEGINNING	01/01/2005	AND ENDING	12/31/2005
	MM/DD/YY		MM/DD/YY
A. REGIS	STRANT IDENTIF	CATION	
NAME OF BROKER-DEALER: Harris Ass	sociates Securitie	es L.P.	OFFICIAL USE ONLY
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Box No.)			FIRM I.D. NO.
2 N. LaSalle Street, Suite 500			
	(No. and Street)		,
Chicago	IL		60602-3790
(City)	(State)		(Zip Code)
NAME AND TELEPHONE NUMBER OF PER Kristi L. Rowsell	SON TO CONTACT IN	REGARD TO THIS RI	EPORT (312) 621-0600
			(Area Code - Telephone Number
- L G G G	*******	* C . PC* C	

B. ACCOUNTANT IDENTIFICATION

INDEPENDENT PUBLIC ACCOUNTANT whose opinion is contained in this Report*

PricewaterhouseCoopers LLP

(Name - if individual, state last, first, middle name)

One North Wacker Drive, 9th Floor, Chicago

IL

60606

(Address)

(City)

(State)

(Zip Code)

CHECK ONE:

Certified Public Accountant

☐ Public Accountant

Accountant not resident in United States or any of its possessions.

THOMSON FINANCIAL

FOR OFFICIAL USE ONLY

*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accounts must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

OATH OR AFFIRMATION

[, 	Kristi L. Rowsell		, swear (or affirm) that	t, to the best of
my knowledge and belief the accompanying financial statement and supporting schedules pertaining to the firm of Harris Associates Securities L.P.				
of	December 31	, 20_05	_, are true and correct. I further swear	,
neither	the company nor any partner, proprietor, p	principal officer	or director has any proprietary interest i	n any account
classifie	d solely as that of a customer, except as fo	ollows:		
	No exceptions			
:		,		
			Susa L Rowsell	
}	OFFICIAL SEAL		Signature	
} NOT	SARAH E. GRIMM ARY PUBLIC, STATE OF ILLINOIS	•	CFO and Treasurer of	
	OMMISSION EXPIRES 3-26-2009		Title	
•••••		•	Harris Associates Inc.	
c	such Cl		General Partner	
	Notary Public	-		,
	ort ** contains (check all applicable boxe	s):		•
	Facing Page.		•	
` ´	Statement of Financial Condition.			
_ ` ′	Statement of Income (Loss). Statement of Changes in Financial Condi	tion		
- (-)	Statement of Changes in Stockholders' E		' or Sole Proprietors' Capital	
	Statement of Changes in Liabilities Subor			
	Computation of Net Capital.	dinated to Claim	is of elections.	
	Computation for Determination of Reserv	ve Requirements	Pursuant to Rule 15c3-3	
_ ` `	Information Relating to the Possession or			
` '	A Reconciliation, including appropriate ex			15c3-1 and the
	Computation for Determination of the Re			
	A Reconciliation between the audited and			ct to methods
_ ` `	consolidation.	•		
	An Oath or Affirmation.			No. of the second
(m)	A copy of the SIPC Supplemental Report	•		
(n) x (0)	A report describing any material inadequac	cies found to exis	t or found to have existed since the date of controls	the previous at

**For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).

Harris Associates Securities L.P. Statement of Financial Condition December 31, 2005

Assets Cash and cash equivalents U.S. Treasury bills and accrued interest, at amortized cost	\$	441,976
approximating market		174,969
Other assets		55,355
Total assets	\$	672,300
Liabilities and Partners' Capital		
Liabilities		
Payable to limited partner	\$	92,218
Accounts payable and accrued expenses		41,000
Total liabilities		133,218
Partners' capital	<u> </u>	539,082
Total liabilities and partners' capital	\$	672,300